

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90180 009 \*\*\*150.00

**DOCUMENT # L46187**

1. Entity Name

**CARL RICHFIELD LAWN SPRAY, INC.**

Principal Place of Business

% MATTHEW L. JONES  
 PO BOX 2434  
 STUART FL 34996  
 US

Mailing Address

% MATTHEW L. JONES  
 PO BOX 2434  
 STUART FL 34996  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**Carl Richfield**

3. Mailing Address

**Carl Richfield**

Suite, Apt. #, etc.

**1471 NE High Hammock Ct**

Suite, Apt. #, etc.

**1471 NE High Hammock Ct**

City & State

**Jensen Beach FL**

City & State

**Jensen Beach FL**

4. FEI Number

**65-0169809**

Applied For

Not Applicable

Zip

**34957**

Country

**Martin**

Zip

**34957**

Country

**Martin**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, MATTHEW L**  
**759 S. FEDERAL HWY**  
**STE 212**  
**STUART FL 34994**

7. Name and Address of New Registered Agent

Name **Carl Richfield**  
 Street Address (P.O. Box Number is Not Acceptable) **1471 NE High Hammock Ct.**  
 City **Jensen Beach** FL Zip Code **34957**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Carl Richfield**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/29/02**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RICHFIELD, CARL E.</b>	
STREET ADDRESS	<b>1471 NE HIGH HAMMOCK CT</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RICHFIELD, CAROL L.</b>	
STREET ADDRESS	<b>1471 NE HIGH HAMMOCK CT</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Carl Richfield**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/29/02**  
 Date

**772-283-3310**  
 Daytime Phone #

CR2E034 (9/01)